

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I St NW

Ste 870

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven Debnar

Signature of Treasurer

Electronically Filed by Steven Debnar

Date

07

16

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 26

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		247678.13
(b) Cash on Hand at Beginning of Reporting Period	235696.83	
(c) Total Receipts (from Line 19)	21002.50	151306.68
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	256699.33	398984.81
7. Total Disbursements (from Line 31)	27298.04	169583.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	229401.29	229401.29
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

4 / 26

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	6	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
0	6	3	0	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15670.00	124377.51
(ii) Unitemized	5332.50	26929.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	21002.50	151306.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	21002.50	151306.68
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	21002.50	151306.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21002.50	151306.68

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	798.04	2582.52	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	798.04	2582.52	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26500.00	167000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	1.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	27298.04	169583.52	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27298.04	169583.52	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 26

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	21002.50	151306.68
34. Total Contribution Refunds (from Line 28(d))	0.00	1.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21002.50	151305.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	798.04	2582.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	798.04	2582.52

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David C. Adams

Mailing Address 2427 Rocky Shores Dr

City

Niceville

State

FL

Zip Code

32578-2370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerald Coast Dermatology
and Skin Sur

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: ba402c9c2d6064fe7ce

Amount of Each Receipt this Period

365.00

MMS

B.

Full Name (Last, First, Middle Initial)

Diane Romaine Baker

Mailing Address 1055 Englewood Dr

City

Lake Oswego

State

OR

Zip Code

97034-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baker Allergy, Asthma and
Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: 5f154d17f448a680c02

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Betsy B. Beers

Mailing Address 9345 SW 46th PI

City

Gainesville

State

FL

Zip Code

32608-7111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: 8b3c4954a6e8fd6ebf3

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jane Shiu Bergstrom

Mailing Address 2305 Tradition Way

City

Redding

State

CA

Zip Code

96001-6309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: c8721e7593a354175ef

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jean L. Bologna

Mailing Address 140 Patten Rd

City

North Haven

State

CT

Zip Code

06473-2830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale Medical School

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 1 / 2 0 0 9

Transaction ID: e00a04d02b66acb7edf

Amount of Each Receipt this Period

300.00

PayPal

C.

Full Name (Last, First, Middle Initial)

Thomas C. Boysen

Mailing Address 2988 Oliver Ln NE

City

Iowa City

State

IA

Zip Code

52240-7959

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: 9d2205e09fdeb802b90

Amount of Each Receipt this Period

365.00

MMS

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John C. Browning

Mailing Address 203 Tuttle Rd

City

San Antonio

State

TX

Zip Code

78209-6144

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas Health
Science Cen

Occupation

Pediatric Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	9	

Transaction ID: 9f4f9cb7bb2ae42134a

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Annette Ava Cohen

Mailing Address 280 Circle Rd

City

Syosset

State

NY

Zip Code

11791-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	9	

Transaction ID: 6b3007a180af031bf45

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Karen Collishaw

Mailing Address Ste 870
1350 I St NW

City

Washington

State

DC

Zip Code

20005-3387

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Derma-
tology

Occupation

Association Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	9	

Transaction ID: ad12c695d32c1e09d7c

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Raymond L. Cornelison, JR.

Mailing Address 1716 Elmhurst Ave

City

Nichols Hills

State

OK

Zip Code

73120-1012

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Oklahoma

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: d7a5e99c6b03e560251

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Peter Donelan

Mailing Address Ste 200
3000 E Fletcher Ave

City

Tampa

State

FL

Zip Code

33613-4644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: bfdf78af748220bad72

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

James W. Donnelly

Mailing Address 2303 Clifton Forge Dr

City

Saint Louis

State

MO

Zip Code

63131-3120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Dermatology
and Cutaneous

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 0e686a38cbbb20b036b

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian E. Dubow

Mailing Address Ste 635E

8631 W 3rd St

City

Los Angeles

State

CA

Zip Code

90048-5994

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: b78478324e37b31d4f2

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Eric Finzi

Mailing Address Ste 210

8401 Connecticut Ave

City

Chevy Chase

State

MD

Zip Code

20815-5803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 225d51a75213d079489

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Matthew Kent Flynn

Mailing Address 7709 Sandy Bottom Way

City

Raleigh

State

NC

Zip Code

27613-8829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 40f1b6132f67479d920

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David B. Friedman

Mailing Address 225 6th St

City

Seal Beach

State

CA

Zip Code

90740-6134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: 3ec8ce76507a4f2bf3f

Amount of Each Receipt this Period

365.00

MMS

B.

Full Name (Last, First, Middle Initial)

Erin Scott Gardner

Mailing Address 315 Dickson St

City

Saint Louis

State

MO

Zip Code

63122-4631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 4c4ed9692fd4bac8085

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Roger S. Golomb

Mailing Address 18 Winston Dr

City

Belleair

State

FL

Zip Code

33756-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clearwater Dermatology

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: ac539934e7d562ce6cc

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marie Nash Hardy

Mailing Address 5605 Harvest Grove Ln

City

Wilmington

State

NC

Zip Code

28409-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates,
PA

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: 0f0f4b4fa4488905927

Amount of Each Receipt this Period

365.00

MMS

B.

Full Name (Last, First, Middle Initial)

Clara H. Henry

Mailing Address 3821 La Mancha Ln

City

Denton

State

TX

Zip Code

76205-8494

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: 016d77996dfcb3b02c2

Amount of Each Receipt this Period

365.00

MMS

C.

Full Name (Last, First, Middle Initial)

Mary Elizabeth Hurley

Mailing Address 4938 Brookview Dr

City

Dallas

State

TX

Zip Code

75220-3918

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Dallas Dermatology
Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 3254aea4581bf87e611

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ellen Russell Jacobson

Mailing Address 703 Lynnbrook Rd

City

Nashville

State

TN

Zip Code

37215-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer
SkinMD

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 98c9e56860cdb6d5ae5

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Allen David Kallor

Mailing Address 107 Lyman Rd

City

West Hartford

State

CT

Zip Code

06117-1312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 24dd640e362bc6b41aa

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Anne E. Laumann

Mailing Address Apt 2705
21 E Huron St

City

Chicago

State

IL

Zip Code

60611-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Dept Northwes-
tern Univ.

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 4 / 2 0 0 9

Transaction ID: 5ff3b7410a171cd50ae

Amount of Each Receipt this Period

500.00

PayPal

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Julie Bowman Lowe

Mailing Address 6423 Grandmark Dr

City

Nichols Hills

State

OK

Zip Code

73116-6534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Plastic Surgery & Dermato-
logy Associat

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: 302c6e0e43c8871ce0c

Amount of Each Receipt this Period

365.00

MMS

B.

Full Name (Last, First, Middle Initial)

Sharon G. McDonald

Mailing Address 109 W Pine Pl

City

Saint Louis

State

MO

Zip Code

63108-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunset Dermatology, PC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: 5d3684e42302cee6c87

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Todd J. Minars

Mailing Address 4801 N 33rd Ct

City

Hollywood

State

FL

Zip Code

33021-2318

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Derm, MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: cb6d329332c8b60ea2c

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ronald L. Moy

Mailing Address 11737 Gwynne Ln

City

Los Angeles

State

CA

Zip Code

90077-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 4dbc1f171e9ae98658c

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Eileen Murray

Mailing Address Apt 2601
400 N Lasalle St

City

Chicago

State

IL

Zip Code

60610-8530

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Derma-
tologist

Occupation
Association Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: bf7f352d2c616c2ed64

Amount of Each Receipt this Period

250.00

PayPal

C.

Full Name (Last, First, Middle Initial)

Amy C. Ney

Mailing Address 7567 Stanford Ave

City

Saint Louis

State

MO

Zip Code

63130-2837

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 60705a7e4ab65cc25a9

Amount of Each Receipt this Period

365.00

MMS

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Elise Olsen

Mailing Address Box 3294

City

Durham

State

NC

Zip Code

27710-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 33d9c5bf6ddb07a8719

Amount of Each Receipt this Period

250.00

PayPal

B.

Full Name (Last, First, Middle Initial)

Angela R. Peterman

Mailing Address 520 Horn Point Dr

City

Annapolis

State

MD

Zip Code

21403-3326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anne Arundel Dermatology

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: f4f736953ab26927ee5

Amount of Each Receipt this Period

500.00

MMS

C.

Full Name (Last, First, Middle Initial)

Daniel C. Rabb

Mailing Address 3728 Pintail Cir

City

Gainesville

State

GA

Zip Code

30506-3661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
NE Georgia

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: 05bffe7bc75a4062a8b2

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Vicki Harriet Rapaport

Mailing Address 10800 Garfield Ave

City

Culver City

State

CA

Zip Code

90230-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rapaport Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: acfc884a8b433f2d43e

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Lauren Lee Reager

Mailing Address Ste 990W
2001 Santa Monica Blvd

City

Santa Monica

State

CA

Zip Code

90404-2102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 7c14deefdd3a39a8d4d

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jack Selwyn Resneck, SR.

Mailing Address Lot 2
7717 Creswell Rd

City

Shreveport

State

LA

Zip Code

71106-6031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology & Skin Surgery

Occupation

Physicians

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 3 / 2 0 0 9

Transaction ID: 8b7ec2433a81d98fdbd

Amount of Each Receipt this Period

300.00

PayPal

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

H. Thad Scholes

Mailing Address 685 White Pine Dr

City

Twin Falls

State

ID

Zip Code

83301-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: 9702648a2d034cab175

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Marc A. Silverstein

Mailing Address 11720 Hollenbeck Way

City

Gold River

State

CA

Zip Code

95670-8311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MSSMB, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: 0375db551220ef2a641

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John K. Southard, JR

Mailing Address 4120 Dresden Dr

City

Winston Salem

State

NC

Zip Code

27104-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westgate Derm and Laser
Center PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: fdb63fcaa58c14cfe71

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 26

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy Jon Storer

Mailing Address 2561 Aikin Cir S

City

Lewis Center

State

OH

Zip Code

43035-8024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: 06621c83c040d80bb0d

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Katherine Anne Wier

Mailing Address Apt 1
6250 N Rockwell St

City

Chicago

State

IL

Zip Code

60659-2724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wier Dermatology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: 4f9031ca8d02b5c6976

Amount of Each Receipt this Period

500.00

MMS

C.

Full Name (Last, First, Middle Initial)

Mark J. Zalla

Mailing Address 1018 Colina Dr

City

Villa Hills

State

KY

Zip Code

41017-5322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Associates of
Northern KY

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: 84853b52bb47d32a18c

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

15670.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: V85a4a0ad9326145d75d Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	0	9												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Amex Fees Candidate Name	<table border="1"> <tr> <td colspan="10">58.64</td> </tr> </table>	58.64																			
58.64																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: V640c058b41551801934 Date of Disbursement																				
Mailing Address PO Box 6603	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	0	9												
City Hagerstown State MD Zip Code 21741-6603	Amount of Each Disbursement this Period																				
Purpose of Disbursement MC/VS Fees Candidate Name	<table border="1"> <tr> <td colspan="10">709.40</td> </tr> </table>	709.40																			
709.40																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: Ve381c7d67dd05d28cec Date of Disbursement																				
Mailing Address PO Box 6603	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	3		2	0	0	9												
City Hagerstown State MD Zip Code 21741-6603	Amount of Each Disbursement this Period																				
Purpose of Disbursement VS/MC Fees Candidate Name	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
30.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

798.04

TOTAL This Period (last page this line number only)

798.04

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Boyd for Congress	Transaction ID: 9dcc4c4eba66ae53848 Date of Disbursement																				
Mailing Address PO Box 15703 PO Box 15703	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	9												
City Tallahassee State FL Zip Code 32317	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name F. Allen Boyd, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table> Category/ Type	0	1	1																	
0	1	1																			
State: FL District: 02	<table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	5	0	0	.	0	0													
2	5	0	0	.	0	0															
B. Full Name (Last, First, Middle Initial) Friends of Congressman George Miller	Transaction ID: 4d37ab5f38d16aba304 Date of Disbursement																				
Mailing Address PO Box 5864	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	9												
City Concord State CA Zip Code 94524	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name George Miller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table> Category/ Type	0	1	1																	
0	1	1																			
State: CA District: 07	<table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	5	0	0	.	0	0													
2	5	0	0	.	0	0															
C. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn	Transaction ID: 30df38d31733b834cec Date of Disbursement																				
Mailing Address PO Box 12567	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	0	9												
City Columbia State SC Zip Code 29211	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name James E. Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table> Category/ Type	0	1	1																	
0	1	1																			
State: SC District: 06	<table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	5	0	0	.	0	0													
2	5	0	0	.	0	0															

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
2010 Primary

Candidate Name
Gene Green

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: 8c9128a81e655b0e7db

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Larson for Congress

Mailing Address 29 Ruff Circle

City Glastonbury State CT Zip Code 06033

Purpose of Disbursement
2010 Primary

Candidate Name
John B. Larson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: 1d092952850735a1767

Date of Disbursement

06 / 24 / 2009

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Leadership 21

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
2009 Contribution

Candidate Name
Leadership 21

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Contribution

Transaction ID: c0bf34d2532f289e2a7

Date of Disbursement

06 / 07 / 2009

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Burgess for Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement
2010 Primary

Candidate Name
Michael C. Burgess

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: cd6bdf3dba44d2b303

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Michael Burgess for Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202

Purpose of Disbursement
2010 Primary

Candidate Name
Michael C. Burgess

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: df9c3175d5149190192

Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mike Ross for Congress Committee

Mailing Address PO Box 360

City
Prescott

State
AR

Zip Code
71857

Purpose of Disbursement
2010 Primary

Candidate Name
Mike Ross

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: 5de3ecfe1cf4a60f886

Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Nelson 2012

Mailing Address PO Box 8666

City
Omaha

State
NE

Zip Code
68108

Purpose of Disbursement
2012 Primary

Candidate Name
E. Benjamin Nelson

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District:

Transaction ID: 2d8a35fd54d347ef1f0

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Nita Lowey for Congress

Mailing Address PO Box 271

City
White Plains

State
NY

Zip Code
10605

Purpose of Disbursement
2010 Primary

Candidate Name
Nita M. Lowey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 18

Transaction ID: 79efd58b96e0b202ed6

Date of Disbursement

06 / 10 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Pat Roberts for U S Senate Inc

Mailing Address PO Box 433

City
Great Bend

State
KS

Zip Code
67530

Purpose of Disbursement
2014 Primary

Candidate Name
Pat Roberts

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District:

Transaction ID: 650f0713eac9423fce5

Date of Disbursement

06 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tim Murphy for Congress

Mailing Address PO Box 24551

City
Pittsburgh

State
PA

Zip Code
15234

Purpose of Disbursement
2010 Primary

Candidate Name
Timothy F. Murphy

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 18

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 1bfcaed784599a3d290

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

26500.00